PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

				OI FAX (.	3/1J-2/3-2003			
INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notificat	form should be used to correspondence including d below or directed of ions.	for trans ng the F herwise	smitting the ISSU Patent, advance or in Block 1, by (a	JE FEE and PUBLICA rders and notification of specifying a new con	TION FEE (if requ f maintenance fees v respondence address	ired). I will be ; and/o	Blocks 1 through 5 s mailed to the current r (b) indicating a sep	should be completed when t correspondence address a arate "FEE ADDRESS" fo
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the fcc(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
23644	7590 03/21	/2007		10-				
BARNES & TH P.O. BOX 2786 CHICAGO, IL 6	HORNBURG LL 0690-2786		l So ac tr	hereby certify that that the tates Postal Service decessed to the Mai	nis Fee(with sui IStop	of Mailing or Trans s) Transmittal is bein Ricient postage for fir ISSUE FEE address (1) 273-2885, on the	g deposited with the United st class mail in an envelope above, or being facsimile	
								(Depositor's name)
				L				(Signature)
				L				(Date)
APPLICATION NO. FILING DATE				FIRST NAMED INVENTO	OR .	ATTORNEY DOCKET NO. CONFIRMATION NO.		
10/534,195 05/06/2005				John T. Knepler	27726-99477 9974			
TITLE OF INVENTION:	ELECTRONIC THER	MOSTA	AT FOR LIQUID	HEATING APPARATU	JS			
APPLN. TYPE	SMALL ENTITY	ISS	SUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO		\$1400	\$300	\$0	\$0 \$170		06/21/2007
EXAMINER			ART UNIT	CLASS-SUBCLASS	٦			
PATEL, VINOD D			3742	392-498000	J			
1. Change of corresponde		n of "Fe		2. For printing on the	e patent front page. I	ist		
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 just on a name will be printed.				
3. ASSIGNEE NAME AT	ND RESIDENCE DATA	A TO B	E PRINTED ON	THE PATENT (print or	type)			
		ified be	low, no assignee of this form is NO					document has been filed fo
(A) NAME OF ASSIC				(B) RESIDENCE: (CI		COUN	IKY)	
Bunn-O-Mat	ic Corporatio	n		Springfiel	d, IL	,		
Please check the appropri	ate assignee category or	catego	ries (will not be pr	rinted on the patent):	☐ Individual 🖼 🤆	orporat	ion or other private gr	roup entity Governmen
				ib. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)				
Sue Fee Publication Fee (No small entity discount permitted)				☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies				Whe Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 120913 (enclose an extra copy of this form).				
5. Change in Entity State a. Applicant claims	tus (from status indicate s SMALL ENTITY stat			☐ b. Applicant is no l	onger claiming SMA	LL EN	TITY status. See 37 C	CFR 1.27(g)(2).
NOTE: The Issue Fee and interest as shown by the r	Publication Fee (if req	uired) v	vill not be accepte	d from anyone other that Office	n the applicant; a reg	istered	attorney or agent; or	the assignee or other party is
Authorized Signature	Dank	Ve	to		Date	41	20/07	
Typed or printed name	Grant H.	Pet	ers		Registration	No3	5,977	
This collection of inform an application. Confident submitting the completed this form and/or suggests Box 1450, Alexandria, V				on is required to obtain on a l.14. This collection is to depending upon the intermetion Office Completed FORMS	or retain a benefit by estimated to take 12 dividual case. Any c ficer, U.S. Patent and TO THIS ADDRES	the put minute ommen I Trade S. SEN	olic which is to file (ar is to complete, including its on the amount of t mark Office, U.S. De ID TO: Commissioner	nd by the USPTO to process ing gathering, preparing, and ime you require to complet partment of Commerce, P.O. r for Patents, P.O. Box 1450

Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.